

MARGIN RESERVED FOR BIND. WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 184 V
 Registered No. 183

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Abel Grijalva (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth _____
 6. Legitimate? yes 7. Date of birth July 19-1925
 Month Day Year

8. FATHER
 Full name Amogon Grijalva
 9. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state. Ariz.
 10. Color or race Mex.
 11. Age at last birthday 29 (Years)
 12. Birthplace (city or place) San Lorenzo, New Mex.
 (State or country)
 13. Occupation
 Nature of Industry Miner

14. MOTHER
 Full maiden name Becente Chavez
 15. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state. Ariz.
 16. Color or race Mex.
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or place) Fiero, New Mex.
 (State or country)
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living 4
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 1
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7 A. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Ariz.

Month, day, year 171-719-239 Filed July 30, 1925
 Registrar _____ Registrar _____